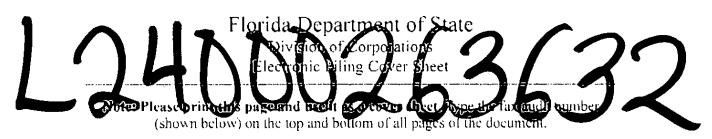
From: RUBEM SOUZA

Division of Corporations



(((11240002223493)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP Account Number : I20190000068

Phone : (497)326-8484

Fax Number

: (407)604-6519

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: contact@medeirossouza.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BERANTEVILLA LLC**

Certificate of Status	1
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Estimated Charge	\$30.00

M. SOLOMON

JUN 28 2024

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Help

COVER LETTER

TO: Registration Sec Division of Cor			
	VILLA LLC		·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
	ndence concerning this matter		
	Rubem Souza		
		Name of Person	
	Medeiros Souza corp		
	··	Firm/Company	
	1711 Amazing Way, Ste 2	13	2
		Address	
	Ogoce, FL 34761	, 100, 100	24 JUN 27
	CACC, F1. 54701	Cia Rent and Tin Cada	
	contact@medeirossouza.co	City/State and Zip Code in	in the second se
		to be used for future annual report notific	Cation)
For further information co	oncerning this matter, please co	all	7
Rubem Souza		407 326 - 8484	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address</u> Registration S		Street Address: Registration Sect	ion
Division of C	orporations	Division of Corp	orations
P O. Box 632 Tallahassee, F		The Centre of Ta 2415 N. Monroe	Hahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BERANTEVILLA LLC			
(Name of the Lim	ited Linbility Company at (A Florida Limited Liabil	it now numeris on our records, ity Company)	.)
The Articles of Organization for this Limited I	Liability Company wer	e filed on <u>06/12/2024</u>	and assigned
Florida document number 1 24000263632	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability	company here:	
The new name must be distinguishable and contain the	words "Limited Liability C	ompany," the designation "LLC"	or the abbreviation "L. L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS			<u> 19 ₹</u> ,
			<u> </u>
			N T
Enter new mailing address, if applicable:			27 - The Co
(Mailing address MAY BE A POST OFFICE BOX)			20 - CE
SHAIRING WARESS SEAT BE A POST OFFICE	<u></u>		\(\frac{\sqrt{1}}{\sqrt{2}}\)\(\frac{\sqrt{2}}{\sqrt{2}}\)
B. If amending the registered agent and/or	registered office addr	ress on our records, enter t	he name of the new registered
agent and/or the new registered office addre		to on our records: <u>every r</u>	in in the second
Name of New Registered Agent:	MEDEIROS SOUZA CORP		
New Registered Office Address:	1711 Amazing Way	. Ste 213	
New registered Office Addition.		Enter Florida street address	
	Ococe	. Flor	rida <u>34761</u>
		Cη _γ	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

To: • - Page, 6 of 7 2024-06-27 20:07:10 GMT 14076046519 From: RUBEM SOUZA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	<u>Address</u>	Type of Action
MGR	Diogo Rodrigo Duarte	1711 Amazing Way Ste 213, Ocoee, FL 34761	= Add
			FiRemove
			UChange
<u>.</u>			□Add
			□Remove
			□Change
			Degrove
AMBR	Pedro De Souza Esteves	2807 CRANE TRACE CIR ORLANDO, FL 32837	□ Change
			□Remove
			□Change
			□Add
			URemove
			□Change
			DAdd
			□Remove
			() ()

From: RUBEM SOUZA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Orlando Dated ___ 06/27/2024 Signature of a member or authorized representative of a member Rubem Souza

Typed or printed name of signee